U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

City

State

Charlotte

5. Position in labor organization.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

28027-0123

ZIP Code + 4

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only READ THE INSTRUCTIONS	S CAREFULLY BEFORE PREPARING THIS REPORT.
1. File Number U - 7/44	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert F. Krebs	3. Name, file number, and address of labor organization. Name International Brotherhood of Electrica
	Workers Local Union 379 Labor Organization File Number 020-685
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7051 Londontown Drive	Street 4200 Morehead Road

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

ZIP Code + 428226-7532

City

State

Concord

NC

A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizatio	or derived income or other economic benefit of in represents or is actively seeking to represent.
3. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	_ N/A
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the
information submitted in this report (including the information contained in any accompanying documents), has been examined by the signator
and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Wohet	E.Kac.	4
--------	-------	--------	---

On 8-5-2005 Date 704-455-4595 Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	-
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	XXXX b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Southern Electrical Health Fund	2004 travel Expenses to attend trustee's Meetings
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 3928 Volunteer Drive	
City Chattanooga	11.b. Approximate dollar value of such dealing. \$310.00
State ZIP Code + 4 37416-3817	12.a. Nature of interest held or income received. Reimbursed Expenses
•	
	12.b. Amount \$310.00
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment,
Name	
Trade Name, if any:	N/A
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.